

Department of Human Services  
Bureau of Human Service Licensing

February 17, 2022

[REDACTED], EXECUTIVE DIRECTOR

RE: RUTH M. SMITH CENTER  
407 SOUTH MAIN STREET  
BUILDING A  
SHEFFIELD, PA, 16347  
LICENSE/COC#: 44595

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/08/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *RUTH M. SMITH CENTER* License #: *44595* License Expiration: *01/13/2023*  
Address: *407 SOUTH MAIN STREET, BUILDING A, SHEFFIELD, PA 16347*  
County: *WARREN* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *11/25/1983* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *9* Waking Staff: *7*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *10/08/2021*

**Inspection Dates and Department Representative**

10/08/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *10* Residents Served: *8*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *4*  
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *1* Have Physical Disability: *1*

**Inspections / Reviews**

**10/08/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/11/2021*

Inspections / Reviews (*continued*)

02/03/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *02/10/2022*

02/17/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 10/8/2021 the home did not have the Pennsylvania Code Chapter 2600, Personal Care Homes, posted in a conspicuous and public place in the home.

Plan of Correction

Accept

A copy of the Pennsylvania Code Chapter 2600 was immediately placed on the bulletin Board in the front entryway on 10/8/2021.

The Supervisor of the building will check daily to ensure necessary postings are still up daily.

The Assistant Director will check weekly to ensure the Chapter 2600 booklet is posted in accordance with Regulation 2600.3.c.

Document Submission

Implemented

see attached

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. The home did not have a carbon monoxide alarm installed for the gas furnace and gas hot water tank in the basement.

Plan of Correction

Accept

The Maintenance Manager immediately installed Carbon Monoxide Alarms no less than 15 feet from the furnace and gas hot water tank in accordance with Regulation 2600.18 on Oct. 8, 2021.

The Maintenance Manager will test the alarms monthly to ensure they are working properly and will keep a record of the tests.

Document Submission

Implemented

see attached

20b3 - Written Receipts

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

20b3 - Written Receipts (*continued*)**Description of Violation**

*The home did not obtain the resident's signature for the following cash disbursement receipts for resident #1:*

- \* 9/24/21 for \$15.00
- \* 9/25/21 for \$15.00
- \* 9/26/21 for \$10.00 and \$15.00

**Plan of Correction****Accept**

*The building Supervisor and staff were retrained on Dec. 9, 2021 on Regulation 2600.20.b. They were also retrained on how to fill out the Record of Financial Transactions with the resident's signature.*

*The building Supervisor will check daily to ensure the regulation is being followed.*

*The Assistant Director will review the records monthly to ensure compliance.*

*See attached.*

**Document Submission****Implemented**

*see attached*

## 26a - Quality Management Plan

**1. Requirements**

2600.

26.a. The home shall establish and implement a quality management plan.

**Description of Violation**

*The home does not have a quality management plan policy and has not done a quality management meeting for 2020.*

**Plan of Correction****Accept**

*A Quality Management Plan was established.*

*No team review was held in 2021 due to Covid. Not all staff has access to computers to be able to conduct meetings virtually.*

*The Quality Management Team will meet quarterly during the year to review quality issues.*

*The Administrator will be responsible for scheduling the meetings. They will be held in March, June, September, December and as needed.*

*Documentation of each meeting will be kept.*

*We will review the Quality Management POC with staff on Dec. 16, 2021 to review regulation 2600.26.a*

*See attached.*

**Document Submission****Implemented**

*see attached*

## 85a - Sanitary Conditions

**1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

*There was a used bandage on the shelf of the shower/tub in the common bathroom next to bedroom of #2.*

85a - Sanitary Conditions (continued)

There were multiple areas of food particle splattered throughout the shelves of the refrigerator in the kitchen.

Plan of Correction

Accept

The band aid was immediately removed on Oct. 8, 2021 and staff sanitized the shower and tub. The refrigerator was cleaned and sanitized on Oct. 11, 2021 by the Cook.

Staff was retrained on Regulation 2600.85.a on Dec. 9, 2021.

The Supervisor will check the bathrooms and shower area daily and the Cook will follow the task sheet regarding refrigerator cleaning on the task sheet.

The Assistant Director will review for compliance weekly.

See attached.

Document Submission

Implemented

see attached

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the supervisor's office does not include a thermometer, tweezers and bandages.

Plan of Correction

Accept

A thermometer, tweezers and bandages were added to the First Aid kit on Oct. 11, 2021.

On Nov. 17, 2021 all staff was retrained on Regulation 2600.96.a.

A list of all items required to be in the First Aid kit was attached to the bag holding the kit.

The building Supervisor will check weekly to ensure all items are present.

The Assistant Director will check monthly to ensure compliance.

See attached training.

Document Submission

Implemented

see attached

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #2 does not have access to a source of light that can be turned on/off at bedside.

**101j7 - Lighting/Operable Lamp (continued)****Plan of Correction****Accept**

*Resident #2's lamp was replaced on Oct. 12, 2021.*

*Checking bedside lamps to make sure they are in working order is on the Daily Task Sheet.*

*The Supervisor will review daily to make sure it has been done.*

*The Assistant Director will check monthly to ensure compliance with regulation 2600.101.j.7.*

*See attached*

**Document Submission****Implemented**

*see attached*

**102d - Grab/Hand/Assist Bar/Slip-Resistant Surface****1. Requirements**

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

**Description of Violation**

*There is no grab bar, hand rail or assist bar for the toilet in the staff bathroom in the basement that resident's have access to when using the basement activity area.*

**Plan of Correction****Accept**

*The grab bar in the staff bathroom was installed by the Maintenance Manager on Oct. 8, 2021 to comply with Regulation 2600.102.d.*

*The Maintenance Manager will check monthly to make sure all grab bars are in good condition.*

**Document Submission****Implemented**

*see attached*

**103e - Left Overs****1. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**Description of Violation**

*There were multiple unlabeled, undated items in multiple freezers in the basement, including multiple unlabeled, undated bags of waffles out of their original container in freezer D and a large unlabeled, undated pan of lasagna and unlabeled, undated bag of pot pies and unlabeled, undated hamburger patties in freezer B.*

**Plan of Correction****Accept**

*All unlabeled food in basement was immediately discarded.*

*The Cook was retrained on Dec. 9, 2021 on Regulation 2600.103.e. The Cook has also been retrained on following the Kitchen Task Sheet.*

*The Assistant Director will check weekly to ensure compliance.*

**103e - Left Overs (continued)****Document Submission****Implemented***see attached***103f - Refrigerator/Freezer Temps****1. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**Description of Violation**

*On 10/8/2021 at 10:34 a.m., the temperature in the freezer of the small upright refrigerator/freezer was 8 degrees Fahrenheit and at 2:55 p.m., it was 20 degrees Fahrenheit.*

**Plan of Correction****Accept**

*The freezer temperature was reset on Oct. 8, 2021. The thermometer was at 0 degrees on Oct. 9, 2021 at 8:00 am.*

*The Cook and staff has been retrained on Regulation 2600.103.f on Nov. 18, 2021.*

*A Daily Temperature Sheet has been added to all refrigerators and freezers.*

*The Assistant Director will check weekly to ensure compliance with Regulation 2600.103.f.*

**Document Submission****Implemented***see attached***103g - Storing Food****1. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

**Description of Violation**

*A box of sausage patties and a box of egg patties in freezer D in the basement were opened and unsealed.*

**Plan of Correction****Accept**

*The sausage and egg patties were immediately discarded on Oct. 8, 2021. The Cook was retrained on Dec. 9, 2021 on Regulation 2600.103.g. "All food is sealed and labeled" has been added to the Kitchen Task Sheet.*

*The Assistant Director will check weekly to ensure compliance with Regulation 2600.103.g.*

*See attached.*

**Document Submission****Implemented***see attached***123b - Emergency Procedures Posted****1. Requirements**

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

123b - Emergency Procedures Posted (*continued*)**Description of Violation**

*The home did not have a copy of the municipality's emergency procedures posted in a conspicuous and public place in the home.*

**Plan of Correction****Accept**

*The Emergency Plan was posted on Oct. 8, 2021 to ensure compliance with Regulation 2600.123.b.*

*The building Supervisor will check weekly to ensure all necessary postings are on the bulletin board in the public area and the Assistant Director will review monthly.*

**Document Submission****Implemented**

*see attached*

## 131f - Fire Extinguisher Inspection

**1. Requirements**

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

**Description of Violation**

*The large silver, 2A-10BC fire extinguisher in kitchen has not been inspected by a fire safety expert since 10/2019.*

**Plan of Correction****Accept**

*On Oct. 13, 2021 a fire safety expert with the fire extinguisher company inspected the large silver 2A-10BC fire extinguisher in the kitchen that he missed in his 2020 inspection.*

*The Maintenance Manager will check fire extinguishers monthly to ensure the inspection tags are current and in place. An annual inspection will be completed by a fire safety expert annually to be in compliance with Regulation 2600.131.f.*

**Document Submission****Implemented**

*see attached*

## 133.2 - Exit Signs Direction

**1. Requirements**

2600.

133.2. Exit Signs - The following requirements apply for a home serving nine or more residents: If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

**Description of Violation**

*There is an emergency exit in resident #2's and resident #3's bedroom. There are no exit signs in the hallways marking there is an emergency exit out of the bedrooms. The home is licensed for 10 residents.*

**Plan of Correction****Accept**

*The Maintenance Manager has put emergency exit signs in the hallway outside the bedrooms of resident #2 and #3 on Dec. 9, 2021.*

**133.2 - Exit Signs Direction (continued)**

*The Assistant Director will check monthly to ensure the signs remain posted to be in compliance with Regulation 133.2.*

**Document Submission****Implemented**

*see attached*

**141b1 - Annual Medical Evaluation****1. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

*Resident #3's medical evaluation, dated [REDACTED] and resident #4's medical evaluation, dated [REDACTED], do not include a list of medications. The evaluations indicated "NA", however, both residents received medications at the time of the completion of the evaluations.*

*Resident #3 was prescribed multiple medications, including [REDACTED] and [REDACTED] and resident #4 was prescribed multiple medications, including [REDACTED] and [REDACTED].*

**Plan of Correction****Accept**

*The medication list that was behind the medical evaluation was immediately stapled to the medical evaluation on Oct. 8, 2021.*

*The Medication Policy and Procedure was updated on Dec. 3, 2021 to include "attach medication list to the DME".*

*The staff was retrained on Dec. 8, 2021 on the updated policy and procedure.*

*The Assistant Director will check all DME's to ensure the medication list is attached to ensure compliance with regulation 2600.141.b.1*

**Document Submission****Implemented**

*see attached*

**183e - Storing Medications****1. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation**

*Resident #2 is prescribed [REDACTED], 3 times a day in both eyes. On 10/8/2021, the current bottle of medication was not dated when it was opened. According to the manufacturer's instructions, the medication should be disposed of after 3 months of use due to a greater risk of contamination.*

**Plan of Correction****Accept**

*Resident #2's [REDACTED] drops were immediately thrown out on Oct. 8, 2021.*

*Staff was retrained on the Medication Policy and Procedure on Dec. 8, 2021.*

*The building Supervisor will review medications daily to make sure the opening date is marked on the container.*

**183e - Storing Medications (continued)**

*The Medication Administration Trainer will review monthly to ensure compliance with Regulation 2600.187.a*

**Document Submission****Implemented**

*see attached*

**187a - Medication Record****1. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

**Description of Violation**

*Resident #2 is prescribed [REDACTED] 1 tab daily. However, the resident's October 2021 medication administration record (MAR) does not indicate the diagnosis or purpose for the medication.*

**Plan of Correction****Accept**

*The Medication Administration Trainer entered the diagnosis in the MAR on Oct. 11, 2021 for resident #2.*

*The staff that administers medications was retrained on the Medication Policy and Procedure on Dec. 8, 2021.*

*The building Supervisor will review the MAR daily and the Medication Administration Trainer will review the MAR monthly to ensure compliance with Regulation 2600.187.a.*

**Document Submission****Implemented**

*see attached*

**221c - Post Activity Calendar****1. Requirements**

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

**Description of Violation**

*The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home. The activity calendar that is posted is dated September 2021.*

**Plan of Correction****Accept**

*The Activity Director immediately printed out October's Activity Calendar and posted it on Oct. 8, 2021.*

*The Activity Director was retrained on Dec. 9, 2021 on Regulation 2600.221.c.*

*The building Supervisor and Assistant Director will verify the calendar is posted on the 1st of each month to be in compliance with Regulation 2600.221.c.*

*See attached.*

**Document Submission****Implemented**

*see attached*

**254b - Policy and Procedures****1. Requirements**

2600.

**254b - Policy and Procedures (continued)**

254.b. Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

**Description of Violation**

*The home does not have policies and procedures for managing records.*

**Plan of Correction****Accept**

*A Records Retention Policy has been established.*

*The Administrator and Business Office Manager will review quarterly to ensure this policy is being followed according to regulation 2600.254.b.*

*See attached.*

**Document Submission****Implemented**

*see attached*